

inflamed auditory canal, by means of swabs, probes, and the like, may provoke an infectious irritation and inflammation of the soft tissues over the mastoid antrum and lower anterior cortex of the process, and finally produce a mastoid inflammation which, though considered a necessary result of the primary inflammation in the ear, is in reality a purely artificial production by rough treatment.—Ed.]

OBSTETRICS.

UNDER THE CHARGE OF

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The Antiseptic Performance of Embryotomy.—In the *Centralblatt für Gynäkologie*, November 29, 1897, KOSMINSKI describes his method of performing embryotomy with the aid of specula which protect the walls of the cervix and vagina from contact with hands or instruments. He has devised large blades which form a speculum, each shaped somewhat like a spoon, and making it almost impossible to infect or injure the cervix or vagina. In craniotomy, having introduced his specula, he grasps the scalp with tenaculum forceps, incises it, and applies the perforator or trephine directly by means of sight. He is very careful to remove the brain completely, and to remove all pieces of bone without wounding the mother's tissues. He urges that it is much safer to perform craniotomy guided by vision than in the usual way. After the head has been emptied, the specula are removed and delivery accomplished by the cranioclast. He describes five cases in which the operation was easily and successfully performed.

He has also employed this method in cases of transverse positions in which decapitation and embryotomy were required. He has found great advantage in being able to see the tissues operated upon, and has been able to protect the mother especially from injury by the fetal ribs. He reports four cases of successful embryotomy by this method.

A Rare Case of Lithopedion.—In the *Bulletin of the Johns Hopkins Hospital*, November, 1897, CLARK reports a very interesting case of lithopedion. The patient was a colored woman, aged forty-five years. She complained of pains in the lower abdomen, enlargement of the abdomen, and dyspnea. She had been married fourteen years and had three children, her labors having been complicated by adhesion of the placenta and slight fever after labor. Four years before admission to hospital menstruation ceased, and symptoms of early pregnancy developed. She became weak and miserable toward the end, and had to go to bed. Fetal movements were plainly felt. About the time for labor she had severe pain in the left side, and much watery fluid

passed from the vagina. She had declined operation previously. On admission, she was very constipated and mentally depressed. On examination, a hard tumor was found in the abdomen lying obliquely from left to right. Under anæsthesia the uterus was found normal in size, and on the right side a boggy mass in close relationship with the hard tumor.

On opening the abdomen, adhesions were found between the anterior abdominal wall and the back of the fœtus. Dense adhesion bound the gestation sac to the intestine. The placenta was necrotic. A mottled yellow tumor was found closely adherent to the abdominal wall. The fœtal head was in close contact with the spleen, and the left arm and shoulder near the umbilicus. The fœtus was lying obliquely in the abdomen, its chest close to the aorta. It was gently delivered by grasping the head, and the cord was cut close to the placenta, which was attached to the floor of the pelvis. The sac was densely adherent to the appendix, cæcum, and intestines. The sac was dissected free and enucleated with the right tube. The placenta was very friable and was removed piecemeal. The abdomen was irrigated with salt solution. The patient made a good recovery.

On examining the fœtus the skin of the face and forehead resembled burnt leather. The membranous envelope, probably the amnion, was attached to the fœtus, but could readily be separated. On examining the body of the child, saponaceous material could be found, also gritty particles.

Peripheral Neuritis in Pregnancy and the Puerperal State.—REYNOLDS (*British Medical Journal*, 1897, No. 1920) reports two cases of peripheral neuritis, one in pregnancy and one following labor.

The first was a patient, aged twenty-four years, who had such severe vomiting that abortion had to be produced. For two or three weeks after she could not control the bladder and rectum. About a month after the abortion sensation was impaired in the lower extremities. There was also complete loss of power, wasting, and contraction. The knee-joints were straightened under chloroform and fixed in splints. Under electricity and massage the patient improved. Her improvement, however, was very gradual, and before recovery ensued another pregnancy occurred, terminating in a normal confinement. Following this she became so much better that she could take short walks. In this case there was no previous history of alcoholism.

The second case was that of a patient who bore a child when she was eighteen years old. She had pyæmia and paralysis of the legs. The muscles were atrophied and the knees contracted. She made a recovery under the prolonged use of massage. A slight lameness remained from contraction of the toes. In this case also no history of alcoholism could be obtained.

Reynolds has collected forty-nine cases, excluding those unilateral caused by forceps or exudation into the pelvis. The disease is more common in multiparæ. One-fourth of the cases were during pregnancy, while in one-third there was a history of some form of sepsis. In eleven cases marked and incessant vomiting was present. It was not possible to trace a connection with alcoholism, and sepsis and incessant vomiting are the most potent causes. The disease began in the legs, then extended to the arms. The muscles were wasted and there were disturbances of sensation. In fourteen cases there was either no recovery, or but partial cure. In twenty-two cases